

**Government of the District of Columbia
Department of Insurance, Securities and Banking**



Thomas Hampton
Commissioner

DISTRICT OF COLUMBIA REPRESENTATIVE(S) AFFIDAVIT

Please be advised that I, _____
(Principal/Officer's name)

of the Investment Adviser _____
(Adviser/Firm's name)

certify that: _____ CRD # _____
(Representative's name and CRD #)

☐ The applicant has not transacted any business in the District of Columbia, and will not provide investment advice until registered with the Securities Bureau of the District of Columbia.

☐ If the applicant has effected transactions on behalf of District of Columbia residents or within the District of Columbia while not effectively licensed under the Act, please provide the following information:

- (a) date on which the applicant first began providing investment advice at a place of business within the District;
- (b) name, address and telephone number of each client;
- (c) date of each agreement with clients involved;
- (d) a description of services provided to each client along with the total amount of assets managed or involved and the total amount of all fees received.

Signature _____

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 200__.

Notary Public

My Commission Expires _____